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APPLICANTS

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** CONTINUING DATA *****

(None)

** FOREIGN APPLICATIONS *****

(None)

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MEXICO	SHEETS DRAWING 8	TOTAL CLAIMS 65	INDEPENDENT CLAIMS 10
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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TITLE

Replenishment Management System and Method

FILING FEE RECEIVED \$2,282	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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